



APPLICATION FOR COURSE CERTIFICATION

State Form 48106 (R3 / 4-06)

INDIANA DEPARTMENT OF HOMELAND SECURITY

302 West Washington Street, Room E239

Indianapolis, Indiana 46204

Telephone: (800) 666-7784

Fax: (317) 233-0497

INSTRUCTIONS: Please print or type.

Name of course	
Course number	Date received (month, day, year)

LEAD INSTRUCTOR INFORMATION		
Name of instructor		Certification Number and E-Mail Address
Address (number and street, city, state, and ZIP code)		
County of residence	Home telephone number (including area code) ()	Work telephone number (including area code) ()

COURSE LOCATION INFORMATION
Course location
Address (number and street, city, state, and ZIP code - no post office box)
If the course practical will be conducted at a different location, please provide that location here.
Telephone number at class location (including area code) ()

PRACTICAL SKILLS EVALUATOR INFORMATION		
LEAD EVALUATOR INFORMATION		
Name of lead evaluator		Certification Number and E-Mail Address
Address (number and street, city, state, and ZIP code - no post office box)		
County of residence	Home telephone number (including area code) ()	Work telephone number (including area code) ()
EVALUATOR INFORMATION (if more than three (3) evaluators to be used, please use the back of this form)		
Name of evaluator	Evaluator certification number	
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Date class starts (month, day, year)	Number of students	Need Student Manuals	____Open ____Closed Class
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